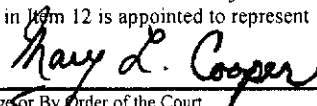


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE 0312		2. PERSON REPRESENTED MICHAEL B. WHEELER		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CR07-76-03(MLC)		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (Case Name) USA V. CURTIS WHITEFORD, ET AL.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) OT					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18:371 CONSPIRACY TO DEFRAUD THE UNITED STATES; 18:201(b)(2)(A)&(C) and 3238 BRIBERY; 18:1343, 1346 & 2 HONEST SERVICES WIRE FRAUD; 18:2314 & 2 INTERSTATE TRANSPORTATION OF STOLEN PROPERTY; 31:5332 & 18:2 BULK CASH SMUGGLING					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix). AND MAILING ADDRESS HENRY E. KLINGEMAN, ESQ. KROVATIN KLINGEMAN LLC 744 BROAD STREET SUITE 1903 NEWARK, NJ 07102  Telephone (973) 424-9777			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Appointment <u>Stephen Taylor, Esq.</u> <u>3/21/07-1/21/10</u> Because the above-named person represented has testified under oath or has satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OR  Signature of Presiding Judge or By Order of the Court  <u>January 21, 2010</u> Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per					

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY				
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW	
In Court	a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
(RATE PER HOUR = \$ ) TOTALS:							
Out of Court	a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and other work (Specify on additional sheets)						
(RATE PER HOUR = \$ ) TOTALS:							
17. Travel Expenses (lodging, parking, meals, mileage, etc.)							
18. Other Expenses (other than expert, transcripts, etc.)							
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>							
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: TO:			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION		
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. <b>I swear or affirm the truth or correctness of the above statements.</b> Signature of Attorney _____ Date _____							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
27. TOTAL AMT. APPR./CERT.							
28. SIGNATURE OF THE PRESIDING JUDGE				DATE		28a. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES	
33. TOTAL AMT. APPROVED							
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>				DATE		34a. JUDGE CODE	